

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD



BURGH OF KILMARNOCK.

REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1949.

KILMARNOCK:
"STANDARD" PRINTING WORKS,
1950.

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10. PARKS ROAD,
OXFORD

REPORT

UPON THE

Health of Kilmarnock

FOR THE

YEAR 1949.

BY

BRYCE R. NISBET, M.D., F.R.C.P. (Ed.), D.P.H.,

Medical Officer of Health.

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PUBLIC HEALTH DEPARTMENT,
KILMARNOCK,
AUGUST, 1950.

**To the Provost, Magistrates and Councillors of the Burgh of Kilmarnock,
and to the Department of Health for Scotland.**

LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the Burgh of Kilmarnock for the year 1949.

This is the first complete calendar year that has passed since the National Health Service (Scotland) Act, 1947, came into operation with its consequent changes. There is evidence of some integration of the services under the different Parts of the Act, but there is still need for a closer co-ordination.

A government, a local authority, a health department, by law, regulation and administration, can do much to further the health of a people, but the community has an equally important part to play. How can a family be happy and healthy if a neighbour comes into the property Saturday night after Saturday night under the influence of alcohol and so noisy that all the young children in the "entry" are wakened and scared? Such occurrences happen and they lead to much worry and unhappiness and so indirectly to loss of health.

Or, again, of what real value to health is the granting of a new house if the housewife cannot go to her back door without her neighbour starting a row? Such things also happen.

What is needed in this town and elsewhere is, of course, well-known. It is that we should all have a little more consideration for others. If more people felt that their neighbours were friends and not constant critics, the effect on the health of the community would be considerable. No legislation can bring this about. It must arise from the people of the community themselves.

In connection with the vital statistics, no very outstanding events occurred during the year, apart from the fact that there were no maternal deaths. The last year in which no maternal deaths occurred was 1932. There was no outbreak of infectious disease of any size, and again diphtheria was practically absent, only two cases being confirmed.

The Home Help Service has been developing considerably during the year, and goes some way towards making provision for the care of some of the people who, by reason of the ageing of the population, have no longer relatives to attend to them.

It has not been possible to implement Part III. of the Act, where the Health Visiting Service is concerned, fully, because of lack of staff. The Health Visitors' duties have been greatly extended by the Act, but we should need to increase our staff considerably to cope with all the developments envisaged.

I have again to thank the Convener and Members of the Public Health Committee and Sub-Committees for their support and interest during the year; Dr. Masterton and Dr. Cowan in the capacity of Assistant Medical Officers for their able assistance; the other Officials of the town and general practitioners for much general assistance, the personnel of the Hospital Management Committee, and the Public Health Staff.

I am, Ladies and Gentlemen,

Your obedient Servant,

BRYCE R. NISBET,

Medical Officer of Health.

BURGH OF KILMARNOCK.

Constitution of Committees as at 31st December, 1949.

PUBLIC HEALTH COMMITTEE.

Convener—DEAN OF GUILD S. GIBSON.

Also Convener of Health Services Sub-Committee.

PROVOST DANIEL CAIRNS, J.P.

BAILIE R. H. BANKS.

BAILIE MRS. GIBSON.

COUNCILLORS R. W. BLACKWOOD, *Convener of Cemeteries Sub-Committee.*

J. C. CAMPBELL.

R. T. KENNEDY, *Convener of Cleansing and Slaughterhouse Sub-Committee.*

H. McLELLAND, *Convener of Baths Sub-Committee.*

JOHN SHANKS, M.B., Ch.B.

STAFF.

BRYCE R. NISBET, M.D., F.R.C.P.(Ed.), D.P.H.—*Medical Officer of Health.*

GEORGE MASTERTON, M.B., Ch.B., D.P.H.—*Assistant Medical Officer of Health.*
(Resigned 20/7/49.)

NAIRN R. COWAN, B.Sc., M.D., D.P.H., D.I.H.—*Assistant Medical Officer of Health.*
(Appointed 29/8/49.)

DAY AND RESIDENTIAL NURSERIES.

Matron—Miss J. DOAK.

HEALTH VISITORS.

* † † Miss M. A. ROBERTSON.
a * † † Miss M. A. McCALLUM.
* † † Miss C. McKENDRICK.

* † † Miss H. P. CAMERON.
* † † Miss C. M. B. McLEOD.
* † † Miss I. MacKENZIE.

* State Registered Nurse.

† Certificate of the Central Midwives' Board.

‡ Health Visitor's Certificate.

a Certificate of the Royal Sanitary Institute.

MUNICIPAL MIDWIVES.

Miss GRACE W. GIBSON.

Miss JANET McMILLAN.

HOME NURSES.

Miss M. THOMSON.

Miss C. CAMPBELL.

Miss J. BELL.

Miss J. McKECHNIE.

Mrs. E. BALFOUR.

CLERICAL STAFF.

Miss E. S. GILLESPIE, *Chief Clerical Assistant.*

Miss J. B. KEDDIE.

Miss E. F. LOVE.

Miss E. S. GEMMELL.

Miss M. NEIL.

Report of the Medical Officer of Health

FOR THE BURGH OF KILMARNOCK FOR THE YEAR 1949.

SUMMARY OF VITAL STATISTICS, 1949.

Area of the Burgh	3587·5 Acres.
Population (Estimated to middle of 1949)	42,771
Population Density	12 per Acre.

	Corrected Numbers.			Rate per 1,000 of Estimated Population.
	Males.	Females.	Total.	
Births (including Illegitimate)	397	369	766	17·9
Births (Illegitimate)	20	19	39	5·1 *
Still-Births	14	10	24	30 **
Deaths—All Causes	249	246	495	11·6 †
Tuberculosis (All Forms)	12	7	19	0·44
Tuberculosis (Respiratory)	12	5	17	0·40
Principal Epidemic Diseases	3	6	9	0·21
Children under one year	24	19	43	56 ***
Children under one month	18	10	28	37 ***
Maternal Deaths	—	—	—	0·00**

* Rate per 100 Live Births.

** Rate per 1,000 Births (including Still-Births).

*** Rate per 1,000 Births.

† Rate adjusted for Sex and Age Distribution—12·5.

BIRTHS.

The rate continues to fall. 17·9 is to be compared with 18·5 for the rest of Scotland. Last year our rate was 18·6, when the town ranked low (19th) among the 24 large burghs. This year we still rank low (14th). Analysis of the figures shows the following :—

First Births	290
Second Births	234
Third Births	95
Fourth Births	46
Fifth Births	33
Sixth Births	24
Subsequent Births—7th-13th	33

755

In eleven instances the full information was not available.

The following table gives some information as to the ages of mothers :—

	Infantile Mortality Rate.	
Under 20 Years	34	(5)
Under 25 Years	212	(10)
Under 30 Years	250	(12)
Under 35 Years	139	(7)
Under 40 Years	92	(6)
Under 45 Years	25	(1)
Under 50 Years	3	(0)

The figures in parenthesis show the number of infantile deaths in each age group. The high rate in the under twenties suggests that there is a considerable risk to the child in such instances and that child-bearing might profitably be delayed till after this age.

It will be noted that only 3 babies were born to mothers 45 years of age or over. One mother (the oldest) was 47 years of age.

ILLEGITIMACY.

This year the rate 5.1 was identical with the rate for last year. As stated in the report for last year, the tendency has been for the rate to rise since the early years of the last war. There is some indication of the rate becoming stabilized.

Early in 1946 a report was presented to the Health Committee on the cases of illegitimacy which had occurred in the town in the five years 1941-45 (inclusive). At the beginning of 1948 an additional Health Visitor was appointed, part of whose duties was to correlate the work of such cases.

The numbers of illegitimate babies born to women normally resident in Kilmarnock during the past four years are as follows :—

1946	...	...	...	...	26	1948	...	...	...	...	40
1947	...	...	...	...	41	1949	...	...	...	...	39

An analysis of the cases shows the following facts :—

83 were confined in Institutions.

49 were confined at home or occasionally at the residence of a near relative.

14 were confined at places outwith the Burgh.

There was 1 maternal death, giving a maternal death rate of 6.9 per thousand. There were 15 baby deaths, giving an illegitimate infantile mortality rate of 102.7 per thousand. The corresponding rates for the mothers of legitimate children and for legitimate children were 1.8 per thousand and 50.4 per thousand, respectively.

The following notes give details of the 116 cases investigated :—

Children and their mothers received into the house of the child's grandparents...	...	...	...	...	...	...	...	...	...	52
Mothers co-habiting with child's father	...	...	...	...	...	...	...	...	...	27
Children subsequently legitimised by marriage of parents	...	...	...	...	...	...	...	...	...	9
Children of married women remaining in household after reconciliation with husband	...	...	...	...	...	...	...	...	...	2
Children adopted...	...	...	...	...	...	...	...	...	...	15
Children remaining with mother—divorced	...	...	...	...	...	...	...	...	...	5
Children living with mothers in lodgings	...	...	...	...	...	...	...	...	...	3
Children in residential nursery	...	...	...	...	...	...	...	...	...	3

As noted in the previous report of 1946 real problem cases are relatively rare. Over the past few years the people of the town who have had to cope with these distressing events have played their parts nobly. They have in most instances accepted the mother and child into the home, and this, apart from the subsequent legitimising of the child by the marriage of the parents, seems to be the best solution in most cases.

STILL-BIRTHS.

There were 24 still-births recorded in 1949, giving a rate of 30 per thousand total births. This figure is somewhat better than that of 35 for the previous year, but is still above the

figure for Scotland generally. The causes were as follows—classified as in last year's report as set out in Table 29 of the Infantile Mortality in Scotland Report, 1943.

<i>Hazards of Birth.</i>				<i>Pre-Existing at Birth.</i>			
Difficult Labour—				Foetal Deformity	...	...	5
Torsion of Cord	...	...	—	Antepartum Haemorrhage	...	...	3
Prolapse of Cord	...	...	1	Toxaemia	...	...	3
Malpresentation	...	...	—	Chronic Disease of Mother	...	...	1
Prolonged Labour and Uterine				Ill Defined	...	...	5
Inertia	...	...	4	Unknown	...	...	2
Ill Defined—Asphyxia	...	...	—		
			5				19

INFANTILE MORTALITY.

In 1949 43 babies died under the age of 1 year. This is equivalent to 1 in every 18 babies born. The rate per thousand births was 56 and was above that for Scotland generally. The main causes of death were :—

	<i>Neo-Natal</i> (under 1 Month).				<i>Post-Natal</i> (1-12 Months).			
Prematurity	12	—	—	—	—
Infections	3	12	—	—	—
Foetal Deformities	4	1	—	—	—
Birth Haemorrhages	4	—	—	—	—
Infantile Eczema	—	1	—	—	—
Intussusception	—	1	—	—	—
Asphyxia	1	—	—	—	—
Ill Defined Causes	4	—	—	—	—
				28	15	—	—	—

In connection with the table of information regarding the ages of mothers, under the births section, the particulars of the illegitimate cases among the 755 births investigated this year were as follows :—

	<i>Numbers.</i>				<i>Infantile Deaths.</i>	<i>Infantile Mortality Rate.</i>
Under 20 Years	6	2	333
Under 25 Years	13	2	154
Under 30 Years	9	2	222
Under 35 Years	4	—	—
Under 40 Years	—	—	—
Under 45 Years	1	—	—
Under 50 Years	—	—	—

The overall infantile mortality rate for the 755 investigated was 54, as compared with the overall rate of 182 for illegitimate cases.

DEATHS.

495 deaths were registered in 1949, 26 more than last year, giving a death rate of 11.6 per thousand. The figure for the Scottish large burghs was 12.5.

60 deaths (12%+) occurred in the under 15 age group.

186 deaths (37%) occurred in the 15-64 age group.

249 deaths (50%+) occurred in the over 65 age group.

These figures are not quite so satisfactory as those for last year.

Causes of Death.

Infectious and Contagious Diseases during 1949.—There were 9 such deaths due to two diseases, the causes being Whooping Cough (5) and Influenza (4). There was no death from Diphtheria, Measles, the Enteric Fevers, Cerebro-Spinal Fever or Scarlet Fever.

Tuberculosis.—

Deaths from Tuberculosis of the Respiratory System	...	...	...	17
Deaths from other forms of Tuberculosis	...	...	...	2

19

Of the 17 deaths in the first category, 12 were in males. All but 5 of the 17 deaths were in persons under the age of 45.

Deaths Classified According to System Affected.

	Number.	Average Age at Death.	Age at Death Range.	Total Loss of Life in Years.
Diseases of the Circulatory System	152	67	12—91	1489
Cancer	74	62	30—87	1083
Diseases of Nervous System	92	67	Infancy—94	930
Diseases of Respiratory System	28	42	Infancy—77	928
Diseases of the Digestive System	25	46	Infancy—75	760
Diseases of the Genito-Urinary System	9	66	48—84	88
	380			

Diseases of the Nervous System are increased in number this year, and take second place, cancer dropping to third. The figures in the first column in the above table do not give a true indication of the importance of the entries. To do so, one would have to relate them to some arbitrary age to which the majority of the population would live if free from gross disease, and see by how far each item reduced the length of life. In the above table an arbitrary life span of 75 years has been taken. It will be seen that although the number of cancer deaths is less than half that of deaths from circulatory diseases, the loss of life is more than two-thirds. It is more than the total caused by deaths from diseases of the nervous system, although the latter are more numerous. Again deaths from diseases of the respiratory system numbering only 28, and deaths from tuberculosis numbering only 19, caused a loss of life in years of 928 and 827 respectively, not very far short of the figure for diseases of the nervous system.

It will be further noted from column 2 that the average age of death is lowest in the respiratory group of diseases. It is interesting to compare this figure with that for tuberculosis, where the average age at death was only 34.

Number of Deaths at various Age Groups.

No. of Deaths at various Age Groups.						No. of Deaths	Main Causes.		
Under 1	Infants	...	...	43	Congenital Debility	...	25
							Premature Birth, Malformation, etc., Infections	...	13
1-4 (inclusive)	...		Pre-School Children	...		10	No special cause.		
5-14 (inclusive)	...		School Children	...		7	No special cause.		
15-24 (inclusive)	...		Adolescence and Early Working Years.			13	Tuberculosis	...	6
25-44 (inclusive)	...		The Middle Working Years.			38	Tuberculosis	...	7
							Cancer	...	7
45-64 (inclusive)	...		The Later Working Years.			135	Circulatory Disease	...	47
							Cancer	...	34
45 and over	...		The Age of Retirement			249	Circulatory Disease	...	98
							Nervous Diseases	...	63

Maternal Deaths.

There were no maternal deaths during the year.

Violence.

There were 6 deaths from road transport accidents.—three in respect of children. In addition there were 12 deaths from other forms of violence.

CARE OF MOTHERS AND YOUNG CHILDREN.

The following is a note of the Clinics available for the people of the town :—

(a) Antenatal Clinics.

(1) Number of Clinics provided by the local Health Authority	2
(2) Number of Clinics provided by Voluntary Bodies	—
(3) Number of Women who Attended at the Clinics during the year	104

It will be noted that the Clinics are fewer in number. As a result of the National Health Service Act the Antenatal and Postnatal Clinics attached to the Maternity Home have been ranked as Hospital Clinics. The object of antenatal care being retained in Part III. of the Act is presumably to stress the preventive aspect, and it is to be hoped that this side, *i.e.*, education, is not overshadowed by the search for abnormal conditions, which is apt to be stressed in the Hospital Service.

(b) Child Welfare Clinics.

(1) Number of Clinics provided by the local Health Authority	2
(2) Number of Clinics provided by Voluntary Bodies	—
(3) Number of Children under 5 years of age who first attended at the Clinics during the year and who, on the date of their first attendances, were :—	
(a) Under 1 year of age	350
(b) Over 1 year of age	183
(4) Number of Attendances during the year made at the Clinics by Children who, at the end of the year, were :—	
(a) Under 1 year of age	549
(b) Over 1 year of age	355

(It is to be understood that “ Clinics ” means clinic premises, not sessions).

This opportunity is taken to thank the voluntary workers, Mrs. Blackwood and Mrs. McDougal, for the help they have given throughout the year at the Clinics. The extra assistance provided has been much appreciated and of real value to the permanent staff.

The conditions recorded were :—

	<i>Districts.</i>						<i>Total.</i>
	1	2	3	4	5	6	
Skin Conditions... ..	24	5	5	7	6	—	47
For Vaccination	17	7	10	21	20	2	77
Malnutrition	—	—	—	2	—	3	5
Digestive Disturbances	22	10	2	—	16	8	58
Ear, Nose and Throat Conditions	20	—	6	4	8	2	40
Rickets	1	—	—	3	—	1	5
Respiratory Infections... ..	25	5	6	6	5	2	49
Enlarged Glands	1	—	3	—	1	2	7
Eye Conditions	6	—	6	2	4	—	18
Other Conditions	34	33	45	34	52	2	200
TOTAL	150	60	83	79	112	22	506

The following is the position as recorded by the Health Visitors with regard to infant feeding of the children visited during 1949. The report in each case refers to the state of affairs at the end of the third month of life :—

Breast Fed	...	...	...	...	...	...	...	...	280
Partly Breast Fed	...	...	...	...	...	...	...	...	64
Artificially Fed	...	...	...	...	...	...	...	...	278

It will be seen that at the age of 3 months 45% of babies are completely breast fed and a similar number are completely artificially fed. Although this state of affairs falls far short of the physiological optimum, it is a great improvement on recent years.

Children and Young Persons (Scotland) Acts, 1908 and 1932.

During the year the Health Visitors continued to act as visitors under the Children Acts. Cases requiring visiting are reported to the Medical Officer of Health by the Social Welfare Officer, and reports are furnished to him through the Public Health Department. The following Table gives details of the work carried out during 1949 :—

				<i>Districts.</i>						<i>Total.</i>
				1	2	3	4	5	6	
New Cases	...	...	...	—	—	—	—	—	—	—
Old Cases	...	...	...	4	3	2	4	—	—	13

During the year the Social Welfare Officer has acted as Children Officer.

(c) Dental Care.

No care under this heading was provided during the year.

(d) Mother and Baby Homes.

There is no provision of this kind in the town.

(e) Day Nurseries.

	<i>Name and Address of Nursery.</i>	<i>No. of Places Provided at end of Year.</i>		<i>No. of Places taken up at end of Year.</i>	<i>Waiting List at end of Year.</i>
		<i>Aged 0-2.</i>	<i>Aged 2-5.</i>		
(1) Provided by local Health Authority ...	(a) Hill St. (b) Flower-bank, Portland Road	15	25	39	124
(2) Provided by Voluntary Bodies ...	—	18	25	41	231
(3) Provided by Firms or Manufacturers ...	—	—	—	—	—
(4) Others ...	—	—	—	—	—

(f) Residential Nurseries.

	<i>Name and Address of Nursery or Home.</i>	<i>Whether long stay or short stay.</i>	<i>Number of Beds provided at end of Year.</i>	
			<i>Aged 0-2.</i>	<i>Aged 2-5.</i>
(1) Maintained by the Local Authority	Flowerbank, Portland Rd.	Short Stay.	5	5
(2) Maintained by Voluntary Organisations	Nazareth House, Hill Street.	Long Stay.	11	12

The Nurseries continued to serve a useful purpose in the community during the year. Work was well advanced on the conversion of the Old Manse in Glebe Road, as a third Nursery, and it was confidently expected that the premises would be in use some time in the early part of 1950.

Five Nurses were entered for the Nursery Nurses Examination and all passed.

(g) Nurseries and Child-Minders' Regulation Act, 1948.

No applications were received under either heading during the year.

MIDWIFERY SERVICE.

(a) Total number of Births (including Still-Births) occurring in the area during the year—before correction for mother's residence 978

(b) Number of Births in (a) classified to show type of case and whether Doctor present at confinement :—

(i) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947—

(a) Doctor engaged and present at confinement 2

(b) Doctor engaged but not present at confinement 121

(c) Midwife alone (no Doctor engaged) —

(ii) Other Domiciliary Cases—

(a) Doctor engaged... .. 2

(b) Midwife alone (no Doctor engaged) —

(c) Without Doctor or Midwife —

(iii) Cases attended at Institutions (including Private Maternity and Nursing Homes) in the area of the Local Health Authority 853

As customary, by far the majority of the births to women resident in the Burgh took place in Institutions. Under the National Health Service the Maternity Service has developed in Ayrshire with its headquarters in Irvine Central Hospital. This has meant that most serious complicated cases have been removed there and the function of the Kilmarnock Maternity Home has changed. When erected in 1937 everything was done to the satisfaction of the Department of Health for Scotland to make the Institution capable of dealing with every type of emergency—a Theatre was provided for operations, an X-Ray plant was installed (4-valve set), a resident Medical Officer and a Consultant Obstetrician were appointed. For years up till the nineteen thirties all serious emergencies were dealt with in Glasgow at the Royal Maternity Hospital. A drive of 20 miles across Fenwick Moor in an unheated ambulance was not thought to be a suitable preliminary to treating an obstetric emergency. It was partly for this reason that the new Maternity Home—now Hospital—was built. With the removal of emergencies again out of the town there has been a partial reversal of the policy approved by the Town Council.

It must, however, be admitted, that so far the figures have been highly satisfactory. In 1949, as has already been pointed out, there were no maternal deaths.

NOTIFICATION OF BIRTHS ACT.

The duty of notifying a birth is placed upon the parents, medical attendant and midwife, and notification must be made within 36 hours of the occurrence of the birth. Only one of the above need notify, and the others need not, if they have reason to believe that a notification has already been sent.

The total number of notified births, including still-births, was 980, being 12 less than last year.

125 or 12·75% of these occurred in the patients' own homes. 826 or 84·28% occurred in the Maternity Home and the remaining 29 or 2·95% occurred in other Institutions.

				Male.	Female.	Total.
(a) Number of Births registered	Legitimate	...	...	489	439	928
(including still-births)	Illegitimate	...	...	25	20	45
(b) Number of Births notified	Live-Births	...	...	...	...	957
	Still-Births	...	...	...	...	23
(c) Number attended by Doctors	...	...	...	...	...	223
Number attended by Midwives	...	...	...	...	...	684
Number attended by Doctors and Midwives	...	...	...	...	...	73

(Note.—Twins are taken as one birth).

VISITATION OF HEALTH VISITORS DURING YEAR.

	<i>Number Visited for first time, excluding cases visited during previous year and cases known to have previously been visited in another area.</i>				<i>Total Visits.</i>
(a) Local Authority Services—					
(i) Expectant Mothers				61	146
(ii) Infants				750	7721
(iii) Children (1-5 years)				33	7054
(iv) Cases of Tuberculosis				26	378
(v) Other Cases—					
Children's Act				—	13
Infectious Diseases follow-up ...				—	—
(b) School Health Service—					
(i) No. of Children followed up as a result of School Inspections by Doctor				—	185
(ii) Casual Visits				—	283
(iii) Visits concerning Diphtheria Immunisation				—	774
(iv) No. of Children attended to at Schools without Doctor				—	9108
(c) Other Services—					
(i) Cases visited at request of G.P. ...				1	3
(ii) Cases visited at request of Hospital Organisation				—	—

The Health Visitors have had perforce to confine their activities largely to visiting in connection with the health of expectant mothers and young children. Until such time as it is possible to augment the staff considerably, it will not be a practical proposition to give effect to the widespread scope of Health Visiting as envisaged in Section 24 of the National Health Service (Scotland) Act, 1947.

There is great need for a branch clinic in the Shortlees development area, and the Health Committee are endeavouring to get the use of the first available and suitable premises in a temporary capacity, pending the planning of a health clinic.

The following table gives detail of the work of the Visitors :—

	<i>Districts.</i>						<i>Total.</i>
	1	2	3	4	5	6	
Infants—							
Number of first visits (after notification of birth) ...	95	104	115	132	150	154	750
Number of subsequent visits ...	929	736	1307	1669	1178	1152	6971
Children (1-5 Years)—							
Number of Children visited ...	—	—	8	12	13	—	33
Number of subsequent visits ...	2221	1082	1584	770	830	667	7154
Expectant Mothers—							
Number Visited... ..	—	—	27	17	1	16	61
Number of subsequent visits...	—	—	55	24	—	6	85
Still-Births—							
Number visited	4	—	1	—	2	—	7
Cases of Ophthalmia Neonatorum—							
Number visited	—	—	—	—	—	—	—
Measles—							
Number visited	12	—	23	—	29	22	86
Whooping Cough—							
Number visited	10	—	35	—	13	15	73
Chickenpox—							
Number visited	—	—	47	—	24	18	89

HOME NURSING.

- (i) Number of cases attended by Home Nurses during the year 409
(ii) Number of visits paid by the Nurses to these cases 15,435

There are five District Nurses who work from the Nurses' Home run on behalf of the Town Council by the Queen's Institute Local Committee. During the year the work of the Nurses has continued as previously. In addition to the actual nursing the Association have been instrumental in providing on loan many requests for equipment for the use of invalids and other persons suffering from temporary illness at home. The thanks of the Health Committee are due to the voluntary Committee of the Nursing Association who have been responsible for much of the day-to-day administration of the Service during the year.

DOMESTIC HELP.

- (i) Number of Helps employed at end of year—
- | | <i>Permanent.</i> | <i>Temporary.</i> |
|--------------------------------|-------------------|-------------------|
| (a) Whole-time | 3 | 3 |
| (b) Part-time | 2 | 7 |
| (c) Retaining Fee basis | — | — |
- (ii) Number of cases taken during the year 53
(iii) Average period of assistance 11 weeks.

The Service has grown steadily during the year. It is a Service which has been greatly appreciated and there have been very few abuses which have been quickly discovered and remedied. This Service is well-nigh bound to increase with time, and the changing age of the population, and it is only fair to point out that the problem of supplying aid in such cases is not yet, by any means, fully met.

The administration of the Service is time-consuming and on a limited scheme it is very difficult to discriminate between the merits of those requesting help. They may be totally different but almost equally deserving. How, for instance, is one to grade :—

- (a) An elderly lady left alone all day and looked after by an elderly brother who comes in in the evenings to sleep ;
- (b) A blind woman dependant on the help of her neighbours ;
- (c) A woman with inoperable malignant disease with no female relative in the family ;
- (d) An elderly woman with heart disease ;
- (e) An elderly widower with son, also a widower, and two young children in the house ?

This is a costly service on the rates and is moreover a permissive one. As long as this circumstance attaches to the Service, the Central Authority might well consider increasing the grant to progressive Local Authorities who are facing up to their problems and endeavouring to mitigate the hardships of the elderly and needy. If some method is not evolved to encourage Local Authorities to increase their schemes, there will inevitably fall on the Hospital Authorities the necessity for further provision for many cases who could better be catered for at home. Admission to Hospital for the elderly infirm should, in my opinion, be a last resort.

The type of case for whom Home Helps were supplied is outlined below :—

Elderly infirm persons ...	...	...	...	...	...	...	...	...	34
Ordinary illness ...	...	...	...	...	...	...	...	...	13
Maternity cases ...	...	...	...	...	...	...	...	...	6

VACCINATION.

During 1949, 244 persons were vaccinated. The details of the actual work done are contained in the table which follows.

DEPARTMENT OF HEALTH FOR SCOTLAND.

NAME OF LOCAL HEALTH AUTHORITY—BURGH OF KILMARNOCK.

Vaccination.

Return for Period List—January, 1949, to 31st December, 1949.

Year of Birth of Persons.	Number of Persons Primarily Vaccinated during period.				Number of Persons Re-Vaccinated during period.				Number of Persons Specially Reported during Period because of Actual or Alleged Complication of Vaccination.
	Typical Vaccinia greatest at 7th-10th day.	Accelerated (Vaccinoid) Reaction 5th-7th day.	Reaction greatest at 2nd-3rd day.	No Local Reaction.	Typical Vaccinia greatest at 7th-10th day.	Accelerated (Vaccinoid) Reaction 5th-7th day.	Reaction greatest at 2nd-3rd day.	No Local Reaction.	
1949....	92	1	—	7	7	—	—	—	—
1948....	71	1	—	3	1	—	—	3	—
1947....	3	—	—	—	—	—	—	—	—
1946....	2	—	—	—	—	—	—	—	—
1945....	—	—	—	—	—	—	—	—	—
1944....	—	—	—	—	—	—	—	—	—
1943....	—	—	—	—	—	—	—	—	—
1942....	—	—	—	—	—	—	—	—	—
1941....	1	—	—	—	1	—	—	—	—
1940....	—	—	—	—	—	—	—	—	—
1939....	—	—	—	1	1	—	—	2	—
1938....	—	—	—	—	—	—	—	—	—
1937....	—	—	—	—	—	—	—	—	—
1936....	—	—	—	—	1	—	—	—	—
1935....	1	—	—	—	—	—	—	—	—
1934 or earlier..	9	—	—	—	22	4	6	4	—
TOTALS	179	2	—	11	33	4	6	9	—

Vaccination is a service for which the private practitioner is responsible under his terms of service under the National Health Service Act. This service is supplemented by weekly clinics held in the Child Welfare Centres. The relative figures are :—

(1) Vaccinated by Private Doctors	...	...	...	...	...	209
(2) Vaccinated at Child Welfare Centres	...	...	...	...	...	35

IMMUNISATION.

This year immunisation was carried out by means of two doses each of 0.5 cc. of P.T.A.P. (Purified Toxoid, Aluminium Phosphate precipitated). Whenever possible a post schick test was carried out. During the year 485 children were post schick tested, and of this number 12 were found still to be positive. This gives a schick negative rate of 97.5%, which is slightly higher than the corresponding rates of recent years.

Early in 1949 Vahlquist published a paper ("Lancet," January 1) dealing with the response of infants to Diphtheria immunisation. After recording extensive investigations of the past (1914 to 1920), in which an average of 85% of the adult population were found to be immune, he concluded that immunity against Diphtheria is now low in many parts of the world. Wright and Clark (1944) found only 40% of 250 women recently delivered at a London Maternity Hospital to be Schick negative.

As the proportion of mothers of young children who were immune to Diphtheria would have a bearing on any administrative decision regarding advice to be given locally on the best age at which mothers should have their children immunised, it was decided to offer a Schick test to the mothers confined in the Burgh Maternity Home during 1949.

Vahlquist found that when infants had transmitted to them, a certain amount of immunity from the mother, this interfered with the success of artificial immunisation. No blood antitoxin levels were estimated, immunity being judged by the Schick reaction only.

In all during the year 720 mothers accepted a Schick test, some time in the first week after delivery, this number representing an acceptance rate of 87%. The main findings were as follows :—

Number Tested	...	...	...	...	...	720
Number Negative	...	...	...	...	...	492 (68.3%)
Number Positive	...	...	...	...	...	228 (31.7%)

Of the 228, 193 or 84.6% were simple positives and 35 or 15.4% were combined positives. Of the 492, 412 or 83.7% were simple negatives and 80 or 16.3% were pseudo negatives. The following table sets forth the main findings :—

Age Group.	Number.			% Positive.
	Tested.	Positive.	Negative.	
Under 20.....	65	8	57	12.3
21-25.....	207	57	150	27.5
26-30.....	235	97	138	41.3
31-35.....	140	47	93	33.5
36-40.....	65	18	47	27.6
Over 40.....	8	2	6	25.0

The rather curious trend of increased susceptibility up to age 30 and then gradually diminishing susceptibility is difficult to explain. The first part of the trend might be explained on the assumption that the younger age groups would be better immunised. Indeed, this is probably the reason, and in support of it the following figures are appended :—

Age Group.	Number Immunised.	Number Non-Immunised.
Up to 20.....	41 (63.1%)	24 (26.9%)
21-25.....	59 (28.5%)	148 (71.5%)
26-30.....	25 (10.6%)	210 (89.4%)
31-35.....	6 (4.3%)	134 (95.7%)
36-40.....	3 (4.6%)	62 (95.4%)
Over 40.....	0 —	8 (100%)
	134 (18.6%)	586 (81.4%)

It may be that the gradual falling off in immunity up to the age of 30 can be explained on the grounds of the younger age groups being better protected by immunisation. The 21-30 age groups are not so well protected by immunisation and have spent a considerable part of their lives in a community where the stimulus of repeated cases of diphtheria has not been present, so there would be every chance of the immunity falling off. With older age groups, it is possible that the amount of their lives already spent in contact with endemic and periodically epidemic diphtheria has been sufficient to immunise them by a process of salting for the rest of their lives.

It is proposed to test a further sample of women over the age of 40 to see what the real position at that age is, as the sample included above is too small to be reliable. Excluding the last group, the χ^2 test applied to the first five gives a χ^2 total of over 23.76 and in a table with four degrees of freedom this gives a P of much less than .05, so the figures are not likely to be due to chance.

Excluding the 8 in the last age group, of the 545 women resident in the Burgh 30.8% were positive, and of the 167 County admissions 35.3% were positive. The positives are therefore slightly higher in the County area than in the Burgh, but not significantly so.

Regarding allergy, it should be noted that the total combined and pseudo reactions in the Burgh patients amounted to 100 or 18.2%. The total combined and pseudo reactions in patients admitted from the County area was only 15 or 8.8%. These figures are again significant and would suggest that residence in a town as opposed to a country district is favourable to the development of allergy.

The relationship of child-bearing to immunity was also investigated. In grouping the positives and negatives according to the number of children they had had, no very clear trend of any relationship was apparent.

68.3% of recently delivered mothers were found to be Schick negative. Unfortunately there are no local figures for this part with which a comparison may be made. Compared with the London figures for 1944 the local figures are much more satisfactory.

The figures in this investigation rather suggest that if diphtheria ever returns to us, it may be a disease of the older adult population, and would require a shift in our immunisation age groups before it could be successfully tackled.

INFECTIOUS DISEASES.

Number of Notifications received during the year 1949	168
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Average number of Notifications received during the years 1944-48...	201
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There has again been a slight fall in incidence this year.

SCARLET FEVER.

89 cases of Scarlet Fever were notified in 1949, a decrease of 9 from the previous year. All were removed to hospital. 31 of the patients were in the pre-school age group, 49 were in the school age group and over—9 over the age of 15. Cases occurred in each of the months of the year except August. The month of highest incidence was February, with 20 cases. Two cases occurred in the one household on two occasions.

DIPHTHERIA.

There were 2 cases of Diphtheria during the year, one in June and the other in September. The former was in a girl of 13 years of age and the latter was in a girl aged 20. The first had been immunised in 1939. She suffered from the mild tonsillar form of the disease. The mitis form of the organism was isolated. Although in the case of the second patient the appearances were also those of a mild tonsillar infection, no Diphtheria bacilli were at any time isolated from the throat. Both patients were treated in hospital.

ERYSIPELAS.

This disease is no longer the serious affection that it was twenty years ago. Cases are treated now in the early stages by the private practitioners and are not always notified. Only two patients—both adults—were notified during the year.

SMALLPOX.

There was no case of this disease during the year.

ENTERIC FEVER.

No notification of Enteric Fever was received during the year.

DYSENTERY.

There were two cases of Dysentery notified during the year, both of which were removed to hospital. One was a male aged 35 years and the other was a female of 2½ years.

PNEUMONIA.

Nineteen notifications of Pneumonia were received during 1949, 16 of the Acute Primary type and 3 of the Acute Influenzal type. Eight of the patients were males and 11 females, and there were 6 children in the pre-school age group. Fifteen of the 19 cases were removed to hospital.

OPHTHALMIA NEONATORUM.

One case of Ophthalmia Neonatorum was notified during the year in a child of 14 days, who had been born in the Maternity Hospital.

CEREBRO-SPINAL FEVER.

There were two cases of this disease notified. Both were males, ages 10 years and 8 months, and both were removed to hospital.

ACUTE ANTERIOR POLIOMYELITIS.

No cases of this disease was notified during 1949.

NON-NOTIFIABLE INFECTIOUS DISEASES.

1949 was a year of very low incidence for the main non-notifiable infectious diseases. In the early months there were a number of cases of Whooping Cough and of Mumps, and at the end of the year some Chickenpox was noted. Measles and German Measles were exceptional.

Non-Notifiable Infectious Diseases during 1949.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total.</i>
Whooping Cough	20	28	4	19	14	—	—	—	—	1	—	—	86
Chickenpox	—	—	—	—	4	5	—	—	—	1	16	16	42
Measles	1	—	—	3	—	—	—	—	—	—	1	5	10
Mumps	31	19	20	9	1	1	—	—	—	1	1	—	83
German Measles	—	—	—	—	—	—	—	—	—	—	1	—	1
Impetigo	4	2	1	1	3	—	—	—	1	—	—	1	13
Scabies	1	2	—	—	—	1	—	—	—	2	—	1	7
Ringworm	—	3	—	—	1	—	—	—	1	—	—	—	5

TUBERCULOSIS.

In 1949, 51 persons were notified as suffering from Tuberculosis. After investigation, the diagnosis was confirmed in 49 instances. Of these 40 were of the pulmonary type and 9 were non-pulmonary. 39 patients thus notified were removed to hospital for treatment.

The classification, according to Memo. T.B. 3/1947, of the 40 confirmed cases was as follows :—

A. 1	=	9.	B. 1	=	1.
A. 2	=	3.	B. 2	=	17.
A. 3	=	0.	B. 3	=	10.

209 patients attended Kilmarnock Infirmary for X-Ray examination during 1949. In all 294 films were taken.

Nineteen deaths occurred from Tuberculosis during the year. Seventeen were in persons suffering from Pulmonary Tuberculosis, two of these being notified at or just after death. In 7 instances the individual had been suffering from the disease for at least two years. The two Non-Respiratory Tuberculosis deaths were in female patients.

At the end of 1949 the number of persons on the Tuberculosis Register was 254, an increase of 10 over the 1948 figures. 193 of these persons were suffering from the pulmonary type of the disease.

A perusal of the Tuberculosis notifications over the past twenty years, sub-divided for age groups, indicates that in the under 5 years age group there has been a great reduction in the number of non-pulmonary cases in recent years. In the 10-15 years age group there has been an increase in pulmonary cases for the past two years, which is to some extent due to earlier ascertainment. In the 15-25 years age group, from 1944 onwards, the pulmonary figures have been increased and in each year except 1946 the female figures have greatly exceeded the male. The last point of note is that in connection with pulmonary disease, in the 45-65 years age group, with the exception of the two years 1931 and 1948, in each year since 1930 the males have exceeded the females.

THE TUBERCULOSIS DISPENSARY AND HOME VISITING.

Dispensary :—

Number who Attended	...	151	Number of Attendances	...	486
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During the year the Health Visitors visited 43 new patients and also completed 774 subsequent visits, a total of 817.

Special Investigation (1) James Hamilton School.

It will be remembered that after the ascertainment of an "open" case of Tuberculosis in this school in May, 1948, four of the children in the same class were found with primary complexes and that mass radiography applied to the school population was instrumental in discovering other 10 primary cases.

The pupils in the class where the infection was known to be present were kept under observation as far as possible and X-rayed at intervals. The original girl patient has made a good recovery and is now working in the office of a large factory in the town. There were no new additions to the Tuberculosis Register from this class.

When the Mass Radiography Unit visited the town in May, 1949, it is interesting to note that there was no undue incidence of Tuberculosis in the James Hamilton School.

Special Investigation (2) St. Joseph's High School.

In this case a girl pupil was also removed with active Tuberculosis and routine follow-up six months later revealed one primary infection. Another routine check-up on the class did not reveal anything of note.

In 1949, whilst visiting the Surgical Ward in Kilmarnock Infirmary, two known cases of Tuberculosis were seen occupying beds. It was ascertained that both had had an anaesthetic for the operative interference, and at once the question of the safety of the modern anaesthetic machine from the point of view of transmission of infection came to mind. An approach was made to the surgical staff and the anaesthetist, and investigations are being carried out by the Bacteriologist at the Infirmary on the subject. The modern method of anaesthesia with face-piece and tube leading to complicated apparatus is relatively new, and little work seems to have been done on the safety or otherwise of this type of apparatus from the point of view of a possible vehicle of inhalation infection.

So far only one patient in 1949 developed acute Tuberculosis ten weeks after having an anaesthetic for the removal of an acute appendix. This does not prove anything, and may very well have been incidental, but the position surely calls for investigation.

MASS RADIOGRAPHY.

One of the two Mass Radiography Units based in Glasgow and in charge of Dr. D. H. Clutterbuck visited Kilmarnock during the year. The Unit remained in the town from 28th April, 1949, to 10th June, 1949, and operated in various places :—

- (1) Bonnyton Community Centre, where most of the school children were done and a number of the public;
- (2) Blackwood, Morton & Sons, Ltd., Carpet Works;
- (3) Glenfield & Kennedy, Ltd.;
- (4) Green Street Clinic, where most of the other members of the public were attended to, as well as the personnel of the smaller works;
- (5) Saxone Shoe Factory.

Altogether during six weeks 7,412 persons had a miniature film taken. Of this number 556 were recalled for large films, 7.5%. There was a total of 19 cases of active Pulmonary Tuberculosis requiring treatment, found. This represents 0.26%. In addition, 24 cases of ? active disease and 81 cases of primary disease were noted as requiring observation. This represents a further 1.42%.

In addition, a number of cases of heart disease were discovered, and, wherever possible, such persons were sent for a formal examination by a Cardiologist and referred to their own doctors.

It is hoped to make a visit from a Mass Radiography Unit an annual occurrence in future years.

VENEREAL DISEASES.

The treatment of Venereal Diseases is now a responsibility of the Regional Hospital Board. The Public Health Staff are meantime undertaking the treatment in North Ayrshire on behalf of the Board.

Male patients are seen at Bank Street Centre on Tuesday evenings or at other times by appointment. The premises at Bank Street are open each evening from Monday to Friday for certain forms of therapy, which can be carried out by the Orderly.

Female patients are seen at the Central Clinic Premises, Green Street, on Thursday evenings. Babies, young children and mothers are seen and treated on Thursday afternoon, thus relieving the evening session.

The number of patients treated in the Clinics in the Burgh has been almost the same as last year. The defaulter rate continues high, but most of these patients have had a good deal of treatment before they cease attending. The number of attendances made for treatment during 1949 showed some decline over the previous year. Of the 124 new patients seen at the Clinics during the year, 61 were normally resident outwith the Burgh boundaries.

Particulars of the work done are to be found in the tables which follow.

Return of Cases Treated at Venereal Diseases Centres during 1949.

	Syphilis.		Gonorrhoea.		Venereal Conditions other than Syphilis and Gonorrhoea.		Total Venereal.		Non-Venereal.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Number of New Cases Attending...	12	20	43	6	8	8	63	34	20	7
Total Attendances of all Cases	573	465	280	52	51	57	904	574	43	20
Number of Patients admitted for Indoor Treatment	3	8	1	—	—	—	4	8	—	—
Number of Day's Residence	22	73	14	—	—	—	36	73	—	—

Examination of Pathological Material during 1949.

	<i>Microscopical.</i>			<i>Serum Tests.</i>		<i>C.S. Fluid Tests.</i>	
	<i>Treponema.</i>	<i>Gonococci.</i>	<i>Other Organisms.</i>	<i>Syphilis.</i>	<i>Others.</i>	<i>Syphilis.</i>	<i>Others.</i>
Specimens from Persons attending the Centre which were sent for Examination to an Approved Laboratory	3	79	18	606	3	14	—

Age and Sex Distribution of New Cases.

Age Group.	Syphilis.		Gonorrhoea.		Venereal Conditions other than Syphilis and Gonorrhoea.		Total Venereal.		Non-Venereal.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Under 1 Year	—	1	—	—	—	—	—	1	—	1
1-4 Years	—	1	—	—	—	—	—	1	—	—
5-14 Years	—	1	—	—	—	—	—	1	—	3
15-24 Years	2	5	14	3	2	2	18	10	6	—
25-34 Years	5	8	15	1	3	5	23	14	6	2
35 and over	5	4	14	2	3	1	22	7	8	1
ALL AGES	12	20	43	6	8	8	63	34	20	7

MENTAL HEALTH SERVICE.

The work of the Mental Health Service has continued as previously. The Medical Officer of Health exercises general supervision and is assisted by Authorised Officers from the Social Welfare Department.

During 1949, 31 persons were examined under the Lunacy Acts, and of that number 20 were certified and admitted to the Mental Hospital in Ayr.

During the year no cases were reviewed for discharge from Mental Hospitals.

There is a great need for more Institutional facilities for children so handicapped as to be unfit for residence at home.

SCHOOL HEALTH SERVICE.

This service is under the County Council, but the Burgh Medical Staffs are utilised in carrying out the work. A full report of the work done is to be found in the Annual Report of the County Medical Officer.

It should be noted that during the year the following Inspections took place :—

<i>Entrants.</i>	<i>R/9 Group.</i>	<i>R/12 Group.</i>	<i>R/15 Group.</i>	<i>Total.</i>	<i>Seven Years Vision Group.</i>	<i>Specials.</i>	<i>Total, including Specials.</i>
771	591	520	92	1974	552	273	2799

SCHOOL CLINIC.

<i>Month.</i>	<i>Number of Children Attended.</i>	<i>Number of Attendances.</i>
January	78	85
February	97	100
March	98	114
April	50	54
May	62	78
June	59	69
July	—	—
August	—	—
September	52	60
October	54	59
November	74	81
December	39	45
	663	745

EYE CLINICS.

<i>Number of Clinics held.</i>	<i>Number of Children Attended.</i>	<i>Number of Children who had Glasses Prescribed.</i>
8	125	52

FOOD SUPPLY.

1. MILK.

For a detailed report on the Milk Supply to the Burgh, reference should be made to the Report of the Chief Sanitary Inspector. In terms of Sections 20 and 21 of the Milk and Dairies (Scotland) Act, 155 samples of ordinary milk were examined, when none were found to be deficient in milk fats.

The following table sets forth some particulars of samples of graded milks :—

No. of Samples Taken.	Grade of Milk.	Unsatisfactory.			
		Chemical.	Bacterial.	Other Tests.	Total.
15	Certified	—	2	—	2
118	Tuberculin Tested ...	4	27	—	31
8	Standard	—	2	—	2
66	Pasteurised	1	6	1	8
11	Tuberculin Tested Pasteurised... ..	1	2	—	3

In addition to the tests shown in the above table it should be noted that samples of Milk for the Inoculation Tests to the number of 97 were taken, all of which were satisfactory.

No outbreak of food infection was brought to the notice of the Health Department during the year. It is hoped that during the coming year an attempt will be made to run a campaign for clean food handling.

MISCELLANEOUS.

National Assistance Act, 1948.

Springhill House was opened on 4th July, 1949, as a Home for old people with 30 places. It has already given evidence of filling a useful place in the Civic Services. The medical supervision is with the Public Health Department.

*Registration and Inspection of Disabled or Old Persons' Homes (Section 37).—*None.

*Removals (Section 47).—*In no instance was it found necessary to take proceedings under Section 47, persuasion being sufficient in all cases dealt with.

*Care of Property (Section 48).—*This is in the hands of the Social Welfare Department.

*Burials (Section 50).—*Three burials were carried out by the Social Welfare Department.

*Welfare Services (Section 29).—*These are not carried out by this Department.

During the year talks were given on health subjects to various Guilds in the town, and at some of these films, sponsored by the Scottish Council for Health Education, were shown. The discussions at these meetings were brisk and showed that the people attending were very interested in the health subjects under discussion. It is hoped to continue this work during the coming year.

In addition, a meeting was held in collaboration with the Standing Conference of Women's Organisations and another in connection with the Food Cleanliness Campaign. Both were addressed by Dr. Alex. Mearns, Medical Adviser to the Scottish Council for Health Education.

GENERAL SANITATION.

For any matters not dealt with in this Report in connection with environmental hygiene, the Sanitary Inspector's Report should be consulted.

FACTORIES ACT, 1937.

Inspections.

<i>Premises.</i>	<i>Number on Register.</i>	<i>Number of</i>		
		<i>Inspections.</i>	<i>Written Notices.</i>	<i>Occupiers Prosecuted.</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	80	8	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	189	36	13	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority† (excluding Out-Workers' Premises) ...	11	11	—	—
TOTAL	280	55	14	—

† *i.e.*, Electrical Stations (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

The following Table gives Particulars of the Defects which were found.

Particulars.	Number of Cases in which Defects were found.				Number of Cases in which Prosecutions were Instituted.
	Found.	Remedied	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of Cleanliness (S.1)	6	4	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4) ...	—	—	—	—	—
Ineffective Drainage of Floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	1	—	—	2	—
(b) Unsuitable or Defective ...	8	1	—	4	—
(c) Not Separate for Sexes ...	—	—	—	—	—
Other Offences against the Act (not including Offences relating to Outwork)	—	—	—	—	—
TOTAL	15	5	—	12	—

